

THE CLEVELAND MUSEUM OF ART
QUESTIONNAIRE

Dear Dr. Stroud:

We are trying to build a biographical record of Cleveland Artists for reference. May we enlist your assistance with the following data?

FULL NAME: *George M. Stroud M.D.*

DATE AND PLACE OF BIRTH: *10/8/15. Chester, Pa.*

ART TRAINING - Schools, Scholarships, etc: *Photography Course at Meeting of American Academy of Dermatology.*

EXHIBITIONS IN WHICH YOUR WORK HAS BEEN SHOWN:

MEDIA:

Color Photography

*Photography Club of
Cleveland Academy of
Medicine*

COLLECTIONS WHICH NOW INCLUDE YOUR WORK:

None

AWARDS:

*acceptance of Color Photographs (4) in
May 1961 May Show at Cleveland Museum
of Art.*

PRESENT POSITION:

Amateur Photographer.

We would greatly appreciate it if you would inform us of subsequent awards, purchases, exhibitions and scholarships. Thank you for your cooperation.

Ann Tzeutschler

Assistant Curator of Paintings